

SOME NOTES FROM A LECTURE ON LEPROSY.

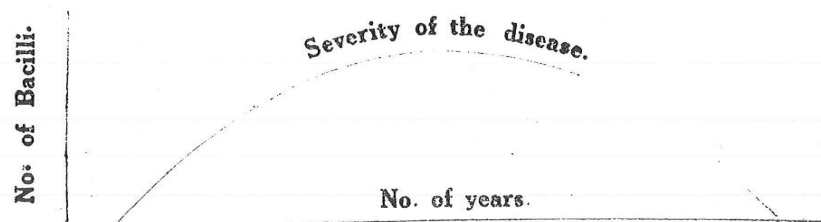
PROFESSOR MUIR of the Calcutta School of Tropical Medicine has been visiting Delhi in connection with the effort which is being made to check leprosy in India. He gave a short lecture to the students and nurses at the Lady Hardinge Medical College, a synopsis of which will, I think, interest your readers.

The first point stressed was that leprosy is not an incurable disease if diagnosed early and treated in the early stages, that is to say the disease can be arrested, as in a similar way tubercular lesions can become quiescent, moreover providing the body remain healthy, although a few bacilli may still be there these will remain inactive and need not light up again.

The second outstanding point being that there is always a "predisposing cause" with leprosy, the latter developing when the vitality of the body is lowered either by disease, underfeeding or climatic conditions, and until that primary condition be treated it is of no use to treat for the leprosy, but that when the predisposing cause (usually some other disease) clears up, the leprosy may also die down without any further treatment.

Of the predisposing diseases, mention was made of syphilis, malaria, influenza and instances given of treatment for the one benefitting the other. For example, a patient suffering from syphilis with well marked anæsthetic patches of leprosy on the arm, treatment for syphilis resulted in the patches disappearing.

To illustrate the need for dealing with the predisposing cause, Professor Muir told a story of a seaside town built on the edge of a cliff. So many were the casualties by falling over the edge, and by the time the hospital at the top could be reached, many a simple fracture had become compound, or a life had been lost which could have been saved by immediate treatment, that members of the municipality met to discuss what could be done. It was decided to build a hospital at the foot of the cliff, although one member did suggest a rail along the top! So often are we inclined to treat the consequences rather than remove the cause. The progress of the disease can be demonstrated by a curve as in other bacillary diseases, such as enteric. The curve of enteric, which represents usually about 21 days, will also serve for leprosy if we take it to represent about 21 years.



The horizontal line represents the number of years, the vertical line the number of bacilli, and the curve the severity of the disease—the higher the curve the more severe the infection.

At the beginning and end of the curve when the bacilli are few the disease tends to affect the nerves and is not in a highly infectious state, so that by the time the disease has worn itself out (which it tends to do) and the deformities with which we are familiar are present, such as thickened nose, ears and fingers, the sufferer is no longer an active source of danger to others—but at the height of the curve when the bacilli are very numerous and the tendency is to affect the skin, the danger of spreading infection is great, consequently the advantage of early diagnosis and treatment is apparent.

The disease should be diagnosed before the bacilli are in sufficient numbers to be isolated. Patches of skin which are anæsthetic and perhaps thickening of the nerve which supplies the anæsthetic patches should suggest leprosy.

The treatment consists of (1) treating the predisposing cause, by which means the body becomes more healthy and is in consequence a less fruitful ground for the bacteria, (2) the injection of the chaulmoogra oils. These are injected so as to infiltrate the skin, the body usually being divided into eight spheres, right arm, left arm; right and left buttock; right and left thigh and right and left calf.

At this point the lecturer looked at his watch and whimsically remarked he could go on talking all night. We wished he could have gone on doing so much longer and regretted that he possessed the art of a good lecturer, that of leaving off while the audience were still eager for more.

NOTICES.

The Nursing Journal for February will be sent out to members by V. P. P. for Rs. 5, covering the annual subscription to the Journal and membership fee for the T. N. A. I.

Members are earnestly requested to make arrangements for the acceptance of the Journal if away from home, and to inform the Business Manager (Miss Ford, Sassoon Hospital, Poona) early in January of changes of address, etc.

Will members in England please note that Miss C. R. Mill, 49, Brisbane Street, Greenock, N. B., has kindly undertaken to accept their annual subscriptions, 6s. 8d., and forward them to India.

Messrs. Brand & Co., Ltd., London, whose advertisement for Brand's Essence of Chicken appears on page *v* of this Journal have been Invalid Food Specialists for nearly ninety years, and during the whole of that time have held the appointment to supply their products to the Royal Household.

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